



GP Referral form

Patient's details

(Please print)

Name Mr / Mrs / Ms _____ Date of birth / / _____

Patient best contact number _____

Referring Doctor's details

Dr _____ Provider number _____

Address _____

Postcode _____

Phone _____ Fax _____

Email _____

Signature _____ Date / / _____

Does client hold Centrelink pension card or DVA gold card? yes no

Card number _____

Services required

- Hearing Assessment - Adults (over 26)
- Hearing Assessment - Young Adult (18-26)
- Hearing Assessment - Paediatric (under 18)

Please include in testing: Air Conduction Audiogram
 Bone Conduction Audiogram
 Speech
 Tympanometry and Reflexes
 Otoacoustic Emissions (OAEs)

- Hearings Aids
- Assistive Listening Devices and Aural Rehabilitation
- Tinnitus Consultation
- Work Compensation Assessment
- Auditory Processing Disorder Assessment
- Hearing Protection/Musician Plugs

Please ensure ears are free of wax

Located at: Adelaide, Blackwood, Brighton, Welland and other metro sites.

To book for an appointment please phone 8100 8209 and specify which clinic you would like to attend.

For more information call us or visit www.candohearing.com.au referral forms can be downloaded from this site into your software package.